

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000068783**

1. Entity Name
SURGICAL INSTITUTE MEDICAL EQUITY CORPORATION

Principal Place of Business	Mailing Address
GARDENS CORPORATE CENTER 3801 PGA BLVD STE 555 PALM BEACH GARDENS FL 33410	GARDENS CORPORATE CENTER 3801 PGA BLVD STE 555 PALM BEACH GARDENS FL 33410

2. Principal Place of Business 3. Mailing Address

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90240 018 ***150.00



DO NOT WRITE IN THIS SPACE

3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

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Suite 600
Palm Beach Gardens, FL 33410

4. FEI Number **65-0861327** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGSERV CORP
GARDENS CORPORATE CENTER
3801 PGA BLVD STE 555
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
REGSERV CORP.
3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RENDINA, BRUCE A	
STREET ADDRESS	3801 PGA BLVD STE 555 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DISALVO, PATRICK J	
STREET ADDRESS	3801 PGA BLVD STE 555 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	JURAN, LAWRENCE B	
STREET ADDRESS	3801 PGA BLVD STE 555 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo
Vice President

2/20/02
Date

561-630-5055

0369342 AV

CR2E034 (9/01)